KADLEC
Tuition Loan Program-Request for Assistance

Employee Name _____ Current FTE _____

Address _____

Home/Cell/Work Phone _____ Degree Program _____

College/University _____ Quarter/Semester _____

Course #	Course Title	Credits	Required/ Elective	Tuition Cost	Books & Fees	Total Tuition + Books & Fees

Total $_____

Amount Requested $_____

_____   _____
HR Verification Signature   Date   Employee Signature   Date

_____
HR Approval Signature   Date

*For reimbursement consideration, you must completely fill out this form and attach receipts/documentation of expenses and a copy of your transcripts detailing your passing grade(s) from your previous semester/quarter. Maximum assistance is $3,000 per calendar year.

_____
HR Entry in API   Date